

Annual Report and Certification

Public Complex Stormwater General Permit

Public Complex Information	Public Complex: _____ NJPDES # : NJG _____ PI ID #: _____ Team Member: _____ Date: _____ Effective Date of Permit Authorization (EDPA): _____ Annual Report Submitted for the following term: April 1, 2007 – April 1, 2008
Population Information	
Report the population at the Public Complex usually present at least six (6) hours per day. _____ If the Public Complex is a military base, hospital, prison, or general administration facility include all employees, military personnel, and residents (including patients or prisoners). If the Public Complex is a college or university campus, include all faculty, employees, and full-time students. <i>Notes:</i> 1. "Employees" includes individuals who work at the Public Complex regardless of whether they are paid by the Public Complex, or by another governmental, private, or nonprofit entity. 2. You do not have to count any individual more than once. For example, a full-time university student who is also a university employee may be counted as one individual.	
Stormwater Pollution Prevention Plan	
Have you prepared a Stormwater Pollution Prevention Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Date SPPP signed: _____	
Public Notice	
Are you complying with applicable State and local public notice requirements when providing for public participation in the development and implementation of your stormwater program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Post-Construction Stormwater Management in New Development and Redevelopment	
For major development on property that you own or operate, are you ensuring compliance with the applicable design and performance standards established under N.J.A.C. 7:8? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you ensuring adequate long-term operation and maintenance of stormwater BMPs on property that you own or operate? <input type="checkbox"/> Yes <input type="checkbox"/> No For storm drain inlets that you install, are you complying with the standard set forth in Attachment C of the permit to control passage of solid and floatable materials? <input type="checkbox"/> Yes <input type="checkbox"/> No Between April 1, 2007 and April 1, 2008 has your Public Complex begun construction for any new development and/or redevelopment project that meets the definition of major development? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a New Development Project Summary sheet to this Annual Report and Certification.	

Local Public Education**Storm Drain Inlet Labeling (All Public Complexes)**

Have you established a storm drain inlet labeling program? ☐ **Yes** ☐ **No** ☐ **N/A - No storm drain inlets**

Indicate the percentage or number of sectors labeled to date:

☐ **0** ☐ **1 Sector** ☐ **2 Sectors** ☐ **25%** ☐ **50%** ☐ **75%** ☐ **100%** ☐ **N/A** ☐ **Other:** _____ %

Is your Public Complex maintaining the labels (i.e. replacing and/or repainting when necessary)?

☐ **Yes** ☐ **No** ☐ **N/A - No storm drain inlets**

Local Public Education Program (Colleges, Universities and Military Bases only)

Have you developed a Local Public Education Program? ☐ **Yes** ☐ **No** ☐ **N/A**

Date (between April 1, 2007-April 1, 2008) that your Public Complex distributed an Educational Brochure :

Method of Distribution: _____

Date (between April 1, 2007-April 1, 2008) that your Public Complex conducted an Annual Event: _____

Description of Event: _____

Improper Disposal of Waste

Have you adopted and are you enforcing a regulatory mechanism for:

Pet Waste Control ☐ **Yes** ☐ **No**

Date adopted: _____

☐ **N/A - We do not allow pets at our Public Complex.**

Litter Control ☐ **Yes** ☐ **No**

Date adopted: _____

Improper Disposal of Waste Control ☐ **Yes** ☐ **No**

Date adopted: _____

Wildlife Feeding Control ☐ **Yes** ☐ **No**

Date adopted: _____

Illicit Connection Control ☐ **Yes** ☐ **No**

Date adopted: _____

Status of these regulatory mechanisms (if not adopted): _____

Method(s) of enforcement (e.g., fines; warnings; employee, student, or military disciplinary actions; ejection from the Public Complex; additional signs; etc.): _____

Vegetative Waste/Collection Program:

Have you developed a vegetative waste collection program? ☐ **Yes** ☐ **No** ☐ **N/A - No vegetative waste**

Does the Public Complex perform yard waste pickups?

☐ **Yes** ☐ **No** ☐ **N/A - No homes where residents maintain yards**

Illicit Connection Elimination and MS4 Outfall Pipe Mapping**Outfall Pipe Mapping**Number of sectors with MS4 outfall pipes mapped to date (please check): ☐ 0 ☐ 1 ☐ 2

Date first sector completed: _____ Date second sector completed: _____

Number of Outfalls mapped to date: _____

Illicit Connection Elimination ProgramHave you developed an Illicit Connection Elimination program? ☐ Yes ☐ NoNumber of outfalls physically inspected since July 1st of previous year: _____

Number of outfalls found to have dry weather flows during that period: _____

(For any outfalls found to have a dry weather flow, a copy of the inspection report shall be submitted with this Annual Report and Certification.)

Number of Public Complex's own illicit connections found during that period: _____

Number of such illicit connections eliminated during that period: _____

Number of illicit connections found during that period to emanate from another entity: _____

Street Sweeping Program

Have you developed a Street Sweeping Program?

☐ Yes ☐ No ☐ N/A - No streets required by permit to be sweptWere all required streets/parking lots swept? ☐ Yes ☐ No ☐ N/A - No streets required by permit to be swept

What was the total number of miles swept? _____ miles.

Specify the units used to measure the total amount of materials collected during all street sweeping:

☐ Tons ☐ Cubic YardsPlease list the total amount of materials collected for each month since July 1st of previous year.

Month	Amount	Month	Amount	Month	Amount
July		August		September	
October		November		December	
January		February		March	
April		May		June	

If street/parking lot sweeping was not completed for any of these months, please explain: _____

Storm Drain Inlet RetrofittingWere all storm drain inlets in direct contact with repaving, repairing, reconstruction or alterations retrofitted or replaced to meet the standard? ☐ Yes ☐ No ☐ N/A - No projects that affected storm drain inlets

If yes, how many storm drain inlets were retrofitted? _____

Stormwater Facility Maintenance

(Stormwater facilities include, but are not limited to ; catch basins, detention basins, filter strips, riparian buffers, infiltration trenches, sand filters, constructed wetlands, wet basins, bioretention basins, low flow bypasses, and stormwater conveyances.)

Have you developed a Stormwater Facility Maintenance Program?

☐ Yes ☐ No ☐ N/A - We do not have any stormwater facilities

Catch Basins:

Total number of catch basins that you operate: _____

Total number of catch basins inspected? _____ Of those inspected how many required cleaning? _____

Amount of materials removed from catch basins: _____ Select unit: ☐ Tons ☐ Cubic Yards

Other Stormwater Facilities:

Were all stormwater facilities that you operate inspected? ☐ Yes ☐ No

Were any found to be in need of cleaning or repair in order to function properly? ☐ Yes ☐ No

Was the cleaning performed? ☐ Yes ☐ No ☐ N/A Were repairs made? ☐ Yes ☐ No ☐ N/A

Describe repair(s) or schedule for repair(s). _____

Attach a separate electronic document or mail additional page(s) as necessary.

Road Erosion Control Maintenance

Have you developed a Roadside Erosion Control Program?

☐ Yes ☐ No ☐ N/A - All roads curbed and not subject to erosion.

Were any areas of road erosion identified? ☐ Yes ☐ No

Attach a separate electronic document or mail additional page(s) as necessary identifying the locations of road erosion and whether repairs have been made.

Outfall Pipe Stream Scouring Remediation

Have you developed an Outfall Pipe Stream Scouring Remediation Program?

☐ Yes ☐ No ☐ N/A - We do not have any outfall pipes

For all outfall pipes undergoing remediation through this program, please attach a separate electronic document or mail additional page(s) as necessary indicating the location of the outfall pipe (including the alphanumeric identifier), the repair date and repair complete date.

De-icing Material and Sand Storage

Are you currently using an existing permanent structure for de-icing material storage?

☐ Yes ☐ No ☐ N/A - We do not store de-icing materials

If sand is being stored outside, is it set back 50 feet from storm sewer inlets, ditches or other stormwater conveyance channels, and surface water bodies?

☐ Yes ☐ No ☐ N/A - We do not store sand outside

Fueling Operations

Are you implementing Standard Operating Procedures for vehicle fueling and receiving of bulk fuel deliveries at maintenance yard operations? ☐ Yes ☐ No ☐ N/A - We do not do vehicle fueling

Date SOP in effect: _____

Vehicle Maintenance

Are you implementing Standard Operating Procedures for vehicle maintenance and repair activities at maintenance yard operations? ☐ Yes ☐ No ☐ N/A - We do not do vehicle maintenance/repairs

Date SOP in effect: _____

Good Housekeeping Practices

Are you implementing Good Housekeeping Practices for all materials or machinery listed in the Inventory Requirements for Maintenance Yard Operations (including maintenance activities and ancillary operations)?

☐ Yes ☐ No

Date practices are in effect: _____

Equipment and Vehicle Washing

Does your Public Complex currently discharge equipment and/or vehicle wash wastewater from your maintenance yard operations to the surface and/or ground waters of the State? ☐ Yes ☐ No

If "yes" please indicate which option you will implement to eliminate the unpermitted discharge

- ☐ Installed a vehicle wash reclaim system
☐ Capture and haul for proper disposal
☐ Connected to sanitary sewer
☐ Ceased the discharge (no longer wash onsite)
☐ Applied for and obtained a separate NJPDES permit

Date the unpermitted discharge was eliminated: _____

If you have a separate NJPDES permit that authorizes the discharge of equipment and vehicle wash wastewater, include your permit number: _____

Annual Employee Training

Did you conduct an annual employee training program for appropriate employees on appropriate topics?

☐ Yes ☐ No

List date(s) of employee training: _____

Sharing of Responsibilities

For each of the following, indicate if you are relying on another entity to satisfy all or part of any permit requirements. For those you checked "yes," please give additional information on the appropriate Annual Report and Certification form.

Statewide Basic Requirement	Relying on another entity?	
	Yes	No
Public Notice		
Comply with applicable design and performance standards for major development (post-construction)		
Long term operation and maintenance of BMPs (post-construction)		
Storm drain inlet design standard (post construction)		

Incidents of Noncompliance	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
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95	96
97	98
99	100

For any incidents of noncompliance, identify the steps being taken to remedy the noncompliance and to prevent such incidents from recurring.

Annual Certification

"I certify under penalty of law that this Annual Report and Certification and all attached documents were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate this information. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering this information, the information in this Annual Report and Certification and all attached documents is, to the best of my knowledge and belief, true, accurate and complete.

"I certify that the Public Complex is in compliance with its stormwater program, Stormwater Pollution Prevention Plan (SPPP) and the NJPDES Public Complex Stormwater General Permit No. NJ0141879 except for any incidents of noncompliance which are identified herein. For any incidents of noncompliance, the Annual Report identifies the steps being taken to remedy the noncompliance and to prevent such incidents from recurring.

"I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for purposely, knowingly, recklessly, or negligently submitting false information."

Name: _____

Title: _____

Date: _____

Mail additional page(s) as necessary to the following address:

State of New Jersey
Department of Environmental Protection
Division of Water Quality
PO Box 029
Trenton, New Jersey 08625-029

WHO MUST SIGN?

Either a principal executive officer or a ranking elected official; or duly authorized representative.

A principal executive officer or ranking elected official of the Public Complex may assign his or her signatory authority for this Certification to a duly authorized representative, which is a named individual or a title of a position having overall responsibility for the operation of stormwater facilities or environmental matters, by submitting a letter to the Bureau of Permit Management stating said authority and naming the individual or position. The duly authorized representative is the Stormwater Program Coordinator only if the Coordinator has overall responsibility for the operation of stormwater facilities or environmental matters.

PI ID	Facility Name	PI ID	Facility Name
222658	AC WAGNER YOUTH CORR FAC	222747	NJ DEPT OF TREASURY –
223104	ANCORA PSYC HOSPITAL		TRENTON OFFICE COMPLEX
222643	ATLANTIC CAPE COMM COLLEGE	223144	NJDHS TRENTON PSYCHIATRIC HOSPITAL
228983	BERGEN CNTY JAIL ANNEX	222649	NJDOC ADULT DIAG & TREATMENT CTR
228995	BERGEN CNTY REGIONAL MED CNTR	167325	NJDOC NORTHERN STATE PRISON
222190	BERGEN COMM COLLEGE	222775	NJDOT EWING COMPLEX
222179	BROOKDALE COMM COLLEGE	234296	NORTH JERSEY DEVELOPMENTAL CTR
222868	BURLINGTON CNTY COLLEGE -	222671	OCEAN CNTY COLLEGE
	MOUNT LAUREL CAMPUS	255342	OCEAN CNTY GOVERNMENT COMPLEX
222867	BURLINGTON CNTY COLLEGE –	229004	ONE BERGEN CNTY PLZA
	PEMBERTON CAMPUS	222695	PASSAIC CNTY COMM COLL –
222706	BURLINGTON CNTY MT HOLLY COMPLEX		WANAQUE ACADEMIC CNTR
221842	CAMDEN CNTY COLLEGE –	222722	PASSAIC CNTY COMM COLLEGE
	BLACKWOOD CAMPUS	222687	PASSAIC CNTY COMM COLLEGE –
223116	CAPE MAY CNTY CREST HAVEN COMPLEX		PUBLIC SFTY ACADY
222362	CUMBERLAND CNTY COLLEGE	226894	PASSAIC CNTY JAIL
226841	DEPT OF VA NJ HEALTH CARE SYSTEM-	224335	RAMAPO COLLEGE OF NJ
	EAST ORANGE	222294	RARITAN VALLEY COMM COLLEGE
222664	EAST JERSEY STATE PRISON	222297	RICHARD STOCKTON COLLEGE OF NJ
222668	EDNA MAHAN CORR FAC	222692	RIVERFRONT STATE PRISON
222987	FED AVN ADM WM J HUGHES TECH CNT	133386	ROWAN UNIVERSITY
225161	GARDEN STATE YOUTH CORR FACILITY	223162	RUTGERS BUSCH LIVINGSTON CAMPUS
221159	GERARD L GORMLEY JUSTICE FACILITY	223228	RUTGERS COLLEGE AVE CAMPUS
223832	GLOUCESTER CNTY COLLEGE	223179	RUTGERS COOK/DOUGLAS CAMPUS
223126	GREYSTONE PSYCHIATRIC HOSPITAL	222698	SOUTH WOODS STATE PRISON
223633	HUDSON CNTY	226885	SUSSEX CNTY COMMUNITY COLLEGE
247283	HUDSON CNTY CORR	222167	THE CNTY COLLEGE OF MORRIS
223328	HUNTERDON DEVELOPMENTAL CENTER	223003	THE COLLEGE OF NEW JERSEY
221487	KEAN UNIVERSITY	234260	UNION CNTY COLLEGE PLAINFIELD
46662	LAKEHURST NAVAL AIR ENG STATION	223577	UNION CNTY COURTHOUSE COMPLEX
46596	MERCER CO CORRECTION CTR STP	221697	UNION CTNY COLLEGE
97927	MERCER COUNTY COMMUNITY COLLEGE	221899	UNIVERSITY OF MEDICINE & DENTISTRY
228886	MIDDLESEX CNTY ADULT CORR CNTR	222870	US ARMY FORT DIX
222788	MIDDLESEX CNTY COLLEGE	221700	US ARMY FORT MONMOUTH –
222749	MONMOUTH CNTY CORR INS & REHAB CTR		CHARLES WOODS AREA
223101	MONTCLAIR STATE UNIVERSITY	221694	US ARMY FORT MONMOUTH MAIN POST
244643	MORRIS VIEW NURSING HOME	222724	US ARMY RESEARCH –
222677	MOUNTAINVIEW YOUTH CORR FACILITY		DEVELOPMENT & ENGINEERING
47036	NAVAL WEAPONS STATION EARLE	46267	VETERANS AFFAIRS NJ HEALTH
222769	NJ DEPT OF TREASURY –		CARE SYSTEM-LYONS
	JOHN FITCH COMPLEX	223172	VINELAND DEVELOPMENTAL CNTR –
222742	NJ DEPT OF TREASURY –		E LANDIS AVE
	STATE HOUSE COMPLEX	223097	WILLIAM PATERSON UNIVERSITY
		47116	WOODBIDGE DEVELOPMENTAL CENTR